## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10806820

| CLAIMS AS FILED - PART I  |  |   |                                      |                                    |                  |                  |         | SMALL I            | ENTITY                 |         | OTHER               | RTHAN                  |
|---|--|---|--------------------------------------|------------------------------------|------------------|------------------|---------|--------------------|------------------------|---------|---------------------|------------------------|
| (Column 1) (Column 2)   |  |   |                                      |                                    |                  |                  |         | TYPE               |                        | OR      |                     | ENTITY                 |
| TOTAL CLAIMS  |  |   | 22                                   |                                    |                  |                  |         | RATE               | FEE                    | 7       | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                         |                                    | NUMBER EXTRA     |                  |         | BASIC FE           | E 385.00               | OR      | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | >2 minus 20=                         |                                    | ٠ 2              |                  |         | X\$ 9=             |                        | OR      | X\$18=              | 36                     |
| INI   | DEPENDENT C                                    | CLAIMS                                    | 2. minus 3 =                         |                                    | *-               |                  |         | X43=               |                        | OR      | X86=                | -                      |
| M   | JLTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT                               | ESENT                              |                  |                  |         | +145=              |                        | OR      | +290=               |                        |
| * 11  | the difference                                 | e in column 1 is                          | ess than zero, enter "0" in column 2 |                                    |                  | column 2         |         | TOTAL              |                        | OR      | TOTAL               | X06                    |
| CLAIMS AS AMENDED - PART II   |  |   |                                      |                                    |                  |                  |         |                    | <del></del>            |         | OTHER               | THAN                   |
| (Column 1) (Column 2) (Co   |  |   |                                      |                                    |                  |                  |         | SMALL              | ENTITY                 | OR      | SMALL               |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER              | PRESENT          |         | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                                 |                  | =                |         | X\$ 9=             |                        | OR      | X\$18=              |                        |
|   | Independent                                    | *   | Minus                                | ***                                | CLAIM            | =                |         | X43=               |                        | OR      | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                      |                                    |                  |                  |         | +145=              |                        | OR      | +290=               |                        |
|   |  |   |                                      |                                    |                  |                  | L.<br>A | TOTAL<br>DDIT. FEE |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                      |                                    |                  |                  |         |                    |                        |         |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ER<br>USLY       | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                                 |                  | =                |         | X\$ 9=             |                        | OR      | X\$18=              |                        |
|   | Independent                                    | *   | Minus                                | ***                                | CLAIN            | = '              |         | X43=               |                        | OR      | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                      |                                    |                  |                  |         | +145=              |                        | OR      | +290=               |                        |
|   |  |   |                                      |                                    |                  |                  |         | TOTAL              |                        | OR      | TOTAL               | •                      |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE   |  |   |                                      |                                    |                  |                  |         |                    |                        |         |                     |                        |
| MEN   | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                    | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>JSLY | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                                 |                  | = .              |         | X\$ 9=             |                        | OR      | X\$18=              |                        |
|   | Independent                                    |   | Minus                                | ***                                |                  | =                |         | X43=               |                        | OR      | X86=                | • 1                    |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                                    |                  |                  |         |                    |                        |         | +290=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."   |  |   |                                      |                                    |                  |                  |         |                    |                        | OR [    | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                      |                                    |                  |                  |         |                    |                        |         |                     |                        |
|   | ringinost (40)                                 |   | or (Total of                         | acheugen                           | ny is life f     | ngriest number   | JULIE   | · · · · · · · app  | ropriate DUX           | in COIL |                     | ı                      |